

17  
AG

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	MD	69801	9/28
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW		48	10/3/60
RESPONSE FORMALITY REVIEW	SP	859	10-26-20

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	4/1/62
2	✓
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6	
7	✓
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11	✓
12	N
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18	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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